

# **INDUSTRIAL HYGIENE INFORMATION AND REGULATORY ACTIONS SUMMARY February 2001**

## **REGULATORY ACTIONS**

### **OSHA Final Rules**

#### **Steel Erection Safety**

OSHA has issued its final standard for steel erection safety. The rule contains requirements for hoisting and rigging, structural steel assembly, beam and column connections, joist erection, systems-engineered metal buildings erection, fall protection and training. The new rule takes effect Sept 15, 2001. See details at OSHA's web site at <http://www.osha-slc.gov/steelerection/index.html>

#### **Recordkeeping Requirements**

OSHA issued the final revisions of its recordkeeping requirements. The rule conforms to the recordkeeping requirements of the revised bloodborne pathogens standard and the new ergonomics standard. Employers with 10 or fewer employees are exempt, as well as employers in finance, insurance and real estate. The recordkeeping rule becomes effective March 2, 2002. The complete rule, and OSHA 300 and 301 recordkeeping forms in PDF format, are available on OSHA's website at <http://www.osha-slc.gov/recordkeeping/index.html>

#### **Bloodborne Pathogens**

OSHA has revised its bloodborne pathogens standard. The revision orders employers to select safer needle devices as they become available and to involve employees in the selection of such devices. Employers are also required to maintain a log of injuries from contaminated sharps. The new rule becomes effective April 18, 2001. Additional information is available at <http://www.osha-slc.gov/needlesticks/index.html>

## **President Bush Moves Quickly**

President Bush issued a memorandum on January 20<sup>th</sup> outlining his Regulatory Review Plan. The memorandum included a 60-day period of review applicable to:

- ✓ Rules not yet sent to the Federal Register;
- ✓ Rules sent to the Federal Register but not yet printed; and
- ✓ Rules sent to the Federal Register but not yet effective.

As a result, the three final rules OSHA published in the Federal Register in mid-January – Steel Erection, Recordkeeping, and Needlestick Safety and Prevention – are under review. OSHA is awaiting further direction from the President on his Review Plan.

Another rule affected by the presidential memorandum is the rule commonly referred to as the “blacklisting” rule. This final rule would have government officials consider past violations of labor, environmental and consumer laws and regulations in awarding new contracts. Former President Clinton promulgated the rule shortly before the end of his term. Now, the General Services Administration and other civilian agencies have suspended the rule for at least six months.

## **OSHA Proposed Rules - None**

## **OSHA ACTIVITIES**

### **Use of General Duty Clause Discussed as Enforcement Option by Labor Solicitor**

Two precedent-setting cases involving the Labor Department’s authority to cite employers for ergonomic hazards--handed down prior to completion of its comprehensive ergonomics rule in November 2000--provide the department with an important enforcement option at a time when the regulations are under severe scrutiny, according to a Labor Department solicitor.

Joseph Woodward, associate solicitor of labor for occupational safety and health, acknowledged that the department has used the strategy in only a handful of cases, and most observers expect a more employer-friendly approach from the Bush administration that could include a retreat on the ergonomics rule. However, Woodward said the rulings affirm the “general duty” employers have to protect their employees from carpal tunnel syndrome and other musculoskeletal diseases, which Congress set out in the Occupational Safety and Health Act of 1970.

"Aside [from] the issue of the [ergonomics] standard, at the present moment ... there is a general duty clause requirement that comes into play for [employers] with ergonomic hazards," Woodward said. The general duty clause, under Section 5(a)(1) of the act, requires employers to provide work sites that are free from recognized hazards that cause or are likely to cause death or serious physical harm.

Historically, OSHA has used its general duty enforcement authority to force employers to protect employees even when a specific standard is not in force. In the last decade, as it worked slowly toward a specific ergonomics rule, OSHA issued high-dollar, general duty citations to two employers for failing to protect workers from ergonomic injuries: Beverly Enterprises, a nursing facility, and Pepperidge Farm Inc. The Occupational Safety and Health Review Commission (OSHRC) heard and upheld major portions of both case and remanded the cases to lower courts. Their decisions are likely to have a lasting impact on employers as well as the agency in the future.

### **Incremental Victories**

In the first case, Secretary of Labor v. Pepperidge Farm Inc. (17 OSHC 1993) the commission ruled in 1997 that ergonomic violations could be cited under the general duty clause. However, the review commission's decision last year in the Beverly case "builds on" the Pepperidge Farm case.

In Beverly, the commission essentially agreed that OSHA had met two of three important requirements needed to successfully cite employers under the clause: that the hazards are recognized and that they can be linked to the injuries suffered by workers.

The third issue--whether it was feasible for Beverly to abate the hazards--"is really the key issue that hasn't been addressed yet," Woodward said, because the commission remanded that issue back to the administrative law judge level.

"Feasibility is the major issue we're going to be working on in these types of cases" in the future, Woodward said.

The case was then remanded by the commission to the ALJ level "and that's where we are now," he said.

### **A Roadmap for Ergonomics?**

Management and union attorneys have closely watched the Beverly case because it essentially provides a roadmap for how OSHA citations could proceed if the agency's ergonomics rule is derailed.

## Delayed Rules Undergoing Review

Four job safety regulations delayed by a Bush administration executive order -- (1) bloodborne pathogens, (2) steel erection, (3) recordkeeping, and (4) washed cotton -- already are under review at the Labor Department to determine whether the rules should be changed, further delayed, or allowed to go forward, the acting head of the Occupational Safety and Health Administration said Feb. 22.

However, final action on the rules might not take place until the next appointed head of the job safety agency is confirmed along with his or her top "team" of assistant secretaries, according to R. Davis Layne, acting OSHA head.

"It is my understanding that these standards are currently under review and, as the new team gets on board and gets up to [speed] we'll be given further direction," Layne said.

Layne, named acting OSHA head in January, said there also has been intense interest in the fate of OSHA's controversial ergonomics rule, which took effect days before the end of the Clinton administration and thus is not subject to the Bush administration presidential memorandum (31 OSHR 70). However, the Bush administration's new labor secretary, Elaine Chao, could choose to delay or seek to pull back the rule administratively over the coming months, even as it undergoes congressional scrutiny and an ongoing industry lawsuit.

"The one issue that people ask me about all the time is, what is going to happen with ergonomics?" Layne said. "In the time since she's been there she's been getting information on the ergonomics standard. Now where she eventually takes [that decision] I don't know," the OSHA acting head said, though he vowed to "do our best to get that information out to you" once a decision has been made.

## OSHA Budget

OSHA FY 2001 Budget (All figures are in millions of dollars)

	2000 Final Budget	FY 2001 Budget Request	FY 2001 Final Budget	Difference Between 2000/2001 Final Budgets
Safety & Health Standards	12.7	15.1	15.1	2.4
Federal enforcement	141.0	153.1	152.1	11.1
State Programs	82.0	88.5	88.5	6.5
Technical Support	18.0	20.2	20.2	2.2
Federal Compliance Assistance	54.2	67.1	67.1	12.9

OSHA FY 2001 Budget (All figures are in millions of dollars) (Continued)

	2000 Final Budget	FY 2001 Budget Request	FY 2001 Final Budget	Difference Between 2000/2001 Final Budgets
State Consultation Grants	42.9	47.9	48.9	6.0
Safety & Health Statistics	22.8	25.6	25.6	2.8
Executive Direction & Administration	8.2	8.6	8.6	0.4
<b>Total</b>	<b>381.8</b>	<b>426.1</b>	<b>426.1</b>	<b>44.3</b>

### Jeffress Gone

Charles Jeffress, Assistant Secretary of Labor for OSHA, and David McAteer, head of the Mine Safety and Health Administration (MSHA), have left their political appointee positions. Davis Lane and Robert Elam are serving as the respective acting assistant secretaries of labor.

Candidates for the OSHA position are now being vetted in the nomination process, with some prospects undergoing clearance and background checks by the Federal Bureau of Investigation, an administration transition team member said Feb. 21.

### OSHA-ANSI Memorandum of Understanding Has Potential to Benefit Workers

A recent memorandum of understanding discussing joint efforts between the nation's job safety agency and the American National Standards Institute ultimately could benefit working men and women, according to an American Society of Safety Engineers news release Feb. 21.

ASSE's Deputy Executive Director Tom Breshnahan cautioned, however, that only through implementing the agreement will its goals to prevent injury, illness, and fatalities become a reality. Breshnahan chaired a task force on the revised agreement between ANSI and the OSHA.

Former OSHA Chief Charles N. Jeffress on his last working day, Jan. 19, signed the MOU, which is designed to bring "the technical resources and support of the two organizations together to promote safety and health standards based on openness, balanced interests, due process and consensus."

OSHA said the MOU focuses on coordinating voluntary national consensus standards in the U.S. as well as supporting ANSI in its role internationally. "ANSI will provide OSHA with proposed draft international safety and health standards from these organizations and OSHA will provide ANSI with comments on the proposed international standards," OSHA said.

ASSE's Breshnahan expressed the hope that the OSHA would find places for ANSI representatives on its advisory and negotiated rulemaking committees.

ASSE policy has been to urge the agency to use national consensus standards to "jump-start OSHA rulemaking or reference and use or incorporate these standards."

According to ASSE's position statement on the role of consensus standards, the association supports increasing the use of consensus standards in forming legislation and regulation for occupational safety and health. Government agencies should be encouraged to use consensus standards as they provide an efficient and effective alternative to traditional public sector rulemaking, ASSE said.

## **CONGRESSIONAL ACTIONS OF INTEREST**

### **Congress Votes to Repeal Ergonomics Standard**

Congress's vote to repeal OSHA's ergonomics standard is a clear victory for business, which has labeled the regulation unworkable and costly. The House passed the Senate resolution of disapproval to overturn OSHA's ergonomics rule one day after similar action by the Senate under the Congressional Review Act. The Act allows Congress to kill regulations within 60 days of final issuance. Congress sent the joint resolution was to President Bush March 9<sup>th</sup>, and the President is expected to sign it. Labor Secretary Elaine L. Chao pledged other action to combat ergonomic injuries. She said she will seek a more "comprehensive approach to ergonomics, which may include new rulemaking" that will "provide employers with achievable measures that protect their employees before injuries occur."

The U.S. Chamber of Commerce lobbied heavily for repeal of the regulation and filed suit in federal court on Nov. 13, charging the ergonomics rules were "incomprehensible and unconstitutional."

### **Senate Labor Counsel Predicts Budget Cuts for OSHA, Other Labor Department Agencies**

The Bush administration likely will target job safety and other federal programs for across-the-board cuts in its first budget this spring. "Given the size of tax cut that President Bush and other Republicans on the Hill.

This would stand in stark contrast to the Clinton administration's efforts to boost the budgets of OSHA and other Labor Department agencies. Democrats see this scaling back of OSHA a "cause for concern".

The Clinton administration also put a greater emphasis on compliance assistance programs, which included new OSHA personnel in each area office around the country devoted solely to compliance assistance rather than enforcement. However, Enzi and other Republicans argue that spending should be split roughly 50-50 between enforcement and compliance assistance programs, which would go far beyond the past administration's proposals.

## **TECHNICAL ARTICLES OF INTEREST**

### **Employers Need to be Ready for Ergo Rule**

The ergonomic standard 29 CFR 1910.900 will regulate employers in the private sector of the economy except construction, maritime, agriculture and railroads. If the action to repeal the standard is not signed by the President, employers will be required to fulfill the following basic requirements:

- By October 15, 2001 the employer must provide certain information to employees
- Information may be provided in written or electronic format
- Must be posted in a "conspicuous place in the workplace"
- Include common Musculoskeletal Disorders (MSDs), signs and symptoms
- The importance of early reporting of MSDs
- Establish a procedure for reporting MSDs
- The kind of risk factors, jobs and work activities associated with MSDs hazards
- A short description of the standard
- A summary of its requirements

For a detail report of this ergonomics summary, refer to the February article in Occupational Hazards, which provides information on:

- MSD Signs and Symptoms:
- Action Trigger
- Quick Fix
- Grandfather Clause

- Comprehensive Ergonomics Program
  - ✓ Management Leadership
  - ✓ Employee Participation
  - ✓ Job Hazard Analysis
  - ✓ Hazard Reduction and Control
  - ✓ MSD Management
  - ✓ Training
  - ✓ Program Evaluation
  - ✓ Recordkeeping

### **Talking Dollars and Sense**

An environmental, safety and health professional can persuade management to invest in a EH&S effort by demonstrating that economic benefits such as a large return on investment necessarily accrue to the bottom line because of this investment. Explaining to management that work related Musculoskeletal Disorders cost \$15 billion to \$20 billion each year, accounting for \$1 of every \$3 spent on claims. An OSHA recordable incident costs \$25,000 to \$30,000, while an injury resulting from repetitive motion can run up to \$100,000. Other benefits proceeding from EH&S with which business, labor and government all agree includes:

Reducing:

- Medical expenses, include rehabilitation
- Worker retraining and replacement costs
- Federal, state, and local fines and sanctions
- Legal fees and administration costs

Increasing:

- Productivity and morale, because of a lower injury risk
- Job tenure
- Worker participation and input into safety and productivity
- Empowerment of employees, leading to greater company spirit

This financial approach provides a solution to the EH&S issue that management can buy and workers can embrace.

Refer to <http://www.ohsonline.com/> for further information.

### **The Last Word on Contacts**

Years of contact lens use and research studies have proven that wearing contacts in a hazardous environment does not increase risk of injury. Studies documented that



hazards to the eyes such as chemicals, flying metal/dust particles and radiant energy have do not pose a greater risk of injury to the contact lens wearer over the non-wearer. Most studies noted that contact lenses provided a protective effect.

In summary:

- It is reasonable to allow the use of contact lenses in any area that the unaided eye is permitted
- It is not necessary to require removal of contact lenses prior to entering eye hazardous environments; require the use of PPE
- Ensure that eye protection policies are in writing
- Ensure a PPE hazard assessment is conducted
- Proper eye protection is designated
- Contact lens users are identified
- Emergency and first aid procedures are addressed
- Contact lens wearers are educated and trained, and have corrective lenses available on the job

### **Confined Spaces: Myths, Magic, Urban Legends and the Facts**

There are many myths that are associated with confined spaces, these are:

**Myth:** The OSHA standard requires you to prepare a written inventory of permit required confined spaces.

**Fact:** It only requires you to evaluate the workplace to determine if any spaces are permit-required confined spaces. An inventory is only one-way of performing this -- not the only way.

**Myth:** The standard requires labeling or posting of permit-required confined spaces.

**Fact:** The standard requires that employees be *informed* of the existence, location and danger posed by permit spaces. You can explain to people what a confined space is, tell them where permit spaces are located in a facility and verbally warn them as to the hazards the permit spaces present.

**Myth:** The atmosphere in a confined space can change in the blink of an eye.

**Fact:** The laws of chemistry and physics prohibit the atmosphere from changing instantaneously. Example: oxygen content in a space will not change from 20.8 percent one minute to 0 percent the next.

**Myth:** A confined space with an oxygen level of 19.5 percent is "safe" for entry.

**Fact:** An atmosphere that contains 19.5 percent oxygen may be immediately dangerous to life and health (IDLH) because of combustion, corrosion or physical hazards.

**Myth:** A confined space with a flammable gas concentration less than 10 percent LFL is “safe” for entry.

**Fact:** The definition for a hazardous atmosphere does not say that atmospheres containing 10 percent LFL or less are “safe”. The definition says that those containing more than 10 LFL are hazardous.

**Myth:** A confined space with an atmosphere greater than 10 percent LFL cannot be entered.

**Fact:** Spaces with atmospheres greater than 10 percent LFL may be entered, but only under a comprehensive, written confined space program that meets all of the requirements outlined in 29 CFR 1910.146(d).

**Myth:** A concentration of atmospheric contaminants in excess of the OSHA PEL or ACGIH TLV makes a confined space a permit-required space.

**Fact:** The TLV's for some chemicals are established because the substance is a nuisance at the TLV concentration, not because it poses an acute health hazard. For a "hazardous atmosphere" to exist, the substance of interest must be one that poses acute health effects or that might impede an entrant's ability to escape in an emergency.

**Myth:** The mere *possibility* that a hazardous atmosphere may exist in a confined space makes that space a permit-required space.

**Fact:** It is the “likelihood” not the mere “possibility” that the hazard may exist that is important. Example: consider the Earth being hit by a meteor in the next hour. While such an event is possible, it is not likely.

**Myth:** Confined space instruments should be calibrated in accordance with the manufacturer's recommendations.

**Fact:** Without calibrating the instrument prior to each use there is no way to ensure that it is responding properly.

**Myth:** Instrument manufacturers wouldn't sell instruments that don't do what they say they will.

**Fact:** Some handheld monitors sold for evaluating confined space atmospheres are absolutely useless for that purpose.

**Myth:** The construction industry is exempt from OSHA's confined space standard.

**Fact:** Some contractors think that their work is "construction" based though it is actually maintenance and repair, which is covered by the general industry standard. If the worker is not covered by 29 CFR 1910 and 1926 then they fall under ANSI Z-117.1, Safety Requirements for Confined Spaces.

**Myth:** It's OK to remove SCBA cylinders from your back to get through small manholes.

**Fact:** The standard states that every respirator shall be used in compliance with the conditions of its certification. The minute a user removes the cylinder to pass it through a narrow manway, the NIOSH certification is voided, and a violation of 29 CFR 1910.143(d)(ii) exists.

**Myth:** Showing employee's videotapes or letting them use interactive computer or Web-based instruction meets OSHA's requirements for confined space training.

**Fact:** Regardless of watching a videotape or spending a few hours in front of a computer is not sufficient to meet regulation's training requirements.

**Myth:** OSHA didn't cite us, so our program must be OK.

**Fact:** This presumes that the inspector even evaluated your program. If the inspector did evaluate your program, s/he may not have had the knowledge or skill to evaluate all aspects of your program.

Refer to <http://www.occupationalhazards.com/> for further information. This article is located at:

[http://www.occupationalhazards.com/news/news\\_loader.asp?articleID=34174](http://www.occupationalhazards.com/news/news_loader.asp?articleID=34174)

### **Using Chemical Protective Clothing: A Matter of Judgment**

OSHA states that it is the employer's responsibility to determine when personal protective equipment (PPE) is necessary, what type is appropriate and how the equipment is to be used. Experts in the field point to four good sources of information for selecting the appropriate chemical protective clothing:

- OSHA's PPE standard, 29 CFR 1910.132
- American Society for Testing and Materials (ASTM) standard No. F1296-98, "Standard Guide for Evaluating Chemical Protective Clothing," which can be obtained by calling (610) 832-9585 or via the ASTM Web site, [www.astm.org](http://www.astm.org)
- Trade associations and companies engaged in similar manufacturing activities that often have experience with similar hazards and will usually share safety information
- Manufacturers of the protective clothing

Three considerations that must be addressed when using protective clothing to protect workers from chemical hazards are:

- Potential toxic effects of exposure
- Likely routes of entry
- Hazards associated with the work assignment

It is unwise to choose PPE solely based on its level of protection from the hazard. In many cases, the greater the degree of protection provided from hazards, the more trade offs in other aspects of the job will arise. You must consider the entire work situation when selecting PPE.

Refer to <http://www.occupationalhazards.com/> for further information. The most recent article is available at:

[http://www.occupationalhazards.com/news/news\\_loader.asp?articleID=34170](http://www.occupationalhazards.com/news/news_loader.asp?articleID=34170)

### **Back Belt Efficacy: NIOSH Reaffirms Previous Conclusion**

The Nation Institute for Occupational Safety and Health (NIOSH) found no evidence that back belts alone reduce back injury or back pain for retail workers who lift or move merchandise.

The study concluded that there was no significant difference between:

- The incidence rate of workers' compensation claims for job related back injuries among employees who report using back belts and the employees who reported never using them.
- The incidence rate of self reported back pain among workers who reported using back belts and the workers who reported never using them.
- The rate of back injury claims among employees in stores that required the use of back belts and the rate of such claims in stores where back belt use was voluntary.

A history of back injury was the strongest risk factor for predicting either a back injury claim or reported back pain among employees, regardless of back belt use.

Refer to J.J Keller & Associates, Inc., *Industrial Safety Report*

### **Building Safety Into a Loading Dock**

With the increasing demand on manufacturing and distribution centers to transport products faster and in higher volume, loading dock hazards have increased. Types of dock accidents include "trailer creep", "premature departure", "trailer walk" and "trailer tipover."

- *Trailer creep*- is the start/stop momentum of forklifts moving in and out of truck trailers overpowering the trailers' wheel chocks. This causes the trailer to move away from the dock creating a gap between the trailer and dock.

- *Premature departure*- occurs when a driver pulls the trailer away from the dock prematurely, causing a forklift to roll off the dock or be caught on the trailer. Premature departure is the result of poor communications between driver and dock attendant.
- *Trailer walk*- occurs with air ride equipped trailers. The combination of the impact and weight of the forklift can cause the trailer wheels to move in an exaggerated, elliptical motion causing the trailer to move forward from the dock, creating a gap between the trailer and dock.
- *Trailer tipover*- occurs when a trailer's landing gear collapses and the trailer tips on its side or pitches forward on its nose. This accident occurs when a trailer detached from its tractor is parked at the dock with its front end supported by landing gear

Other factors to consider when designing a dock are:

- Traffic flow
- Door size
- The type of products that will be moved in and out of the facility
- The equipment best suited for the operation

Factoring these safety considerations into account while designing and using loading docks is vital for providing a safe, efficient operation.

Refer to <http://www.ohsonline.com/> for further information.

### **Ergonomics: Who can do the Training?**

OSHA's Ergonomic Standard states that every covered employer's program must include employee training. Training should include but not be limited to:

- Common Musculoskeletal Disorders (MSDs); their signs and symptoms
- The importance of reporting MSDs early and the consequences of not reporting
- How to report MSDs in the workplace
- What risk factors, jobs and work activities are associated with MSD hazards
- A brief description of OSHA's Ergonomic Standard

If MSDs injuries have been identified, a more extensive training program will need to be implemented, involving supervisors, team leaders, and program managers as well as employees. Persons with a wide range of credentials, skills and experience in ergonomics can effectively train, provided that they themselves have been well trained.

Refer to J.J Keller Industrial Safety Report.

## **Exposure in Construction Significant; Control Measures Possible, Consultants Say**

Noise exposure is a significant hazard throughout the construction industry that could be addressed with stronger regulations, controls, and enforcement, according to consultants speaking at a hearing conservation meeting Feb. 23 in Raleigh/Durham.

Despite the many industry challenges to controlling noise, several methods exist to reduce worker exposure, the consultants told participants at the National Hearing Conservation Association's annual hearing conservation conference held Feb. 22-24.

National Institute for Occupational Safety and Health data shows that 40 percent of workers in the concrete industry are exposed to the general industry action level of 85 decibels. In addition, 32 percent of carpenters and floor layers, 27 percent of highway and street construction workers, and 20 percent of painters and paperhangers are exposed to noise above 85 dBA.

### **Carpenters Have Major Hearing Loss**

Mark Stephenson, a research audiologist with NIOSH, told the group that studies show that carpenters at the age of 25 have shown levels of hearing loss equivalent to 50-year olds in jobs without much noise.

There are obstacles to implementing hearing conservation programs for construction workers. Many construction workers are transient and have short periods of employment with any given firm, making recordkeeping and follow-up efforts even more difficult.

### **Employers Should Use Control Measures**

Employers can take several steps to protect their workers from noise exposure. Possible noise control strategies include:

- placing barriers between the noise source and exposed workers;
- enclosing the noise source;
- using quieter noise sources;
- increasing the distance between the noise source and exposed workers;
- using active noise control equipment; and
- reducing the noise at the source through engineering retrofit.

In addition, companies can implement administrative controls to reduce noise, including scheduling the use of noise sources when the fewest number of workers are present, properly maintaining equipment, limiting the dropping of materials from heights and posting warning signs.

Even a modest reduction in noise can mean the difference between compliance with exposure limits and a potentially hearing-damaged worker.

## Workplace Injury Illness Rates Fall

Workplace injury and illness rates declined in 1999 for the seventh straight year, accounting for nearly a 30 percent drop since 1992. Employment rose 2 percent in 1999 as did the number of hours worked, while injuries and illnesses dropped 4 percent. The nations injury and illness rate -- 6.3 cases for every 100 workers -- reached an all time low. Other rates:

- Severe injuries and illnesses that resulted in lost work days fell to about 2.7 million in 1999 from 2.8 in 1998
- The lost workday case rate declined from 3.1 cases per 100 worker in 1998 to 3.0 cases per 100 in 1999

### 1999 Injury / Illness Rates by Industry Sector (Cases per 100 Workers)

Sector	Rate
Manufacturing	9.2
Construction	8.6
Transportation	7.3
Agriculture/Forestry/Fishing	7.3
Wholesale / Retail	6.1
Mining	4.4

Refer to <http://www.occupationalhazards.com/> for further information.

## Chronic Diseases and Lost Time

Chronic diseases in the working population -- especially cancer -- are major contributors to missed work time and lost productivity, according to a major study published in the March *Journal of Occupational and Environmental Medicine*, the official publication of the American College of Occupational and Environmental Medicine (ACOEM). Dr. Ronald Kessler of Harvard Medical School, and the study co-authors, believe that major shifts in insurance policies are needed to address the impact of chronic diseases in the workplace, estimated to account for more 2.5 billion missed work days or "work cutback" days per year. The study included 2,074 respondents, aged 24 to 54 years, from the MacArthur Foundation Midlife Development in the United States (MIDUS) Survey. About 22 percent of respondents reported at least one day in the past month in which they missed work or cut back on work because of a chronic illness.

This amounted to an average 1.5 days per month across all respondents, or 6.7 days per month for those reporting any missed time. Generalized to the U.S. population in the age range studied, the findings suggested that chronic illnesses

cause more than 2.5 billion illness-related work loss or work cutback days per year. Although other chronic diseases were more common, cancer had the greatest impact on missed work time. Two-thirds of respondents with cancer reported work loss or work cutback days in the past month, with an average of 16 such days. Respondents with ulcers, depression and panic disorder also had high rates of work impairment; those with heart disease or high blood pressure had a high number of impaired workdays. Certain combinations of diseases -- such as arthritis, ulcers, mental disorders and substance dependence -- led to higher than expected levels of impairment. The researchers also urged further studies to examine the impact of work cutback days. Most previous studies have ignored this problem -- sometimes called "presenteeism" -- in which workers are present but have reduced productivity due to illness. The hidden costs associated with cutback days may make them an even more challenging problem than missed workdays, noted researchers.

### **NIOSH Extends Data Collection on Part 84 Respirators**

The National Institute for Occupational Safety and Health filed a *Federal Register* notice last Friday formally extending its data collection related to certification and approval of respirators under 42 CFR Part 84. The notice invited comments for ways to enhance the quality of the information and minimize the burden on respondents. NIOSH and respirator manufacturers have long sought ways to accelerate the Part 84 certification process.

NIOSH's work on new quality assurance and approval requirements for respirators are intended, in part, to speed up the process, with private-sector laboratories participating in product testing and NIOSH staffers potentially able to conduct more audits. As this notice explained, millions of American workers wear respirators that are NIOSH-certified, including construction workers, miners, painters, asbestos removal workers, fabric mill workers, and firefighters.

To comment, write to Anne O'Connor, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333, by May 9.

### **ASHRAE Proposes Specific Locations for Outdoor Air Intakes**

The American Society of Heating, Refrigeration, and Air-Conditioning Engineers (ASHRAE) has specified requirements for the location of outdoor air intakes in a proposed addendum to ASHRAE's Standard 62-1999, *Ventilation for Acceptable Indoor Air Quality*. Minimum separation distance requirements between common outdoor contaminant sources, such as exhaust vents and loading docks and outdoor air intakes are specified in addendum "aa", according to Andrew Persily, committee chair.



The addendum also sets requirements intended to limit rain intrusion and entrainment and for bird screening. Another proposed addendum, "r", addresses outdoor air quality assessment and air cleaning requirements. This proposed addendum requires outdoor air quality assessment and particle filtration when the outdoor particle concentration is high. It does not require air cleaning for other gaseous contaminants, Persily said.

Addendum "Z" addresses the air cleaning requirements for ozone.

### **NFPA Partners With Safety and Government Groups**

The National Fire Protection Association has announced a partnership with life safety and government organizations to develop consensus-based codes and standards for the performance, testing, care, use, and maintenance of equipment protecting medical professionals, police, fire and rescue officials, and other emergency responders from exposure to weapons of chemical, biological, radiological, nuclear, and explosive terrorism.

The memorandum of understanding is among the NFPA, the Office of Law Enforcement Standards, the Department of Commerce, NIOSH, CDC, OSHA, and the Department of Labor. The NFPA will review the existing standards as they apply to the interoperability of civilian and military emergency responder equipment. Based on this review, NFPA will apply its consensus-based process to update existing standards or create new standards, as appropriate. NIOSH will test and certify respiratory equipment.

NFPA standards for first response team equipment are currently in use in 25 states and are referenced in OSHA's guidelines.

### **INTERNET NEWS - None**

### **INDUSTRIAL HYGIENE PROFESSIONAL NEWS**

#### **Ergonomics Certification Examination**

The Board of Certification in Professional Ergonomics has scheduled its certification exam at AIHCE on June 3rd. The deadline for submitting an application for this offering is April 3. Application requests and information inquiries can be directed to BCPE at P.O Box 2811, Bellingham, Wash, 98227-2811; (306) 671-7601; fax (306) 671-7681; <http://www.bcpe.org>; bcpehq@aol.com.

#### **ASSE Releases Career Guide for Safety Professionals**

Release of an updated guide intended to provide an overview of the safety profession, detail career options, and recommend educational preparation was announced by the American Society of Safety Engineers (ASSE) Feb. 16.

The Career Guide to the Safety Profession (2nd Edition), jointly produced by the Board of Certified Safety Professionals (BCSP) and the American Society of Safety Engineers Foundation, improves on the 1997 original by capturing current safety trends and developments, according to ASSE.

The booklet, available free of charge from either BCSP or ASSE offers guidance on becoming a safety professional and addresses salaries and opportunities for advancement within the field.

Copies may be obtained by contacting ASSE Customer Service at (847) 699-2929, or <http://www.customerservice@asse.org/> via e-mail.

### **ANSI Voluntary Ergonomic Standard**

The proposed ANSI voluntary ergonomics standard "Management of Work-Related Musculoskeletal Disorders" is now available for public comment from the National Safety Council at (800) 621-7619; <http://www.nsc.org/>.

## **PUBLICATIONS**

### **NIOSH Report on the Hazards of Carbonless Copy Paper**

This NIOSH report reviews current scientific information on health effects associated with occupational exposure to carbonless copy paper and recommends ways to reduce or eliminate symptoms. See <http://www.cdc.gov/niosh/01-107pd.html>

### **NIOSH Publishes Two Reports**

NIOSH has published two reports, "Worker Deaths by Falls: A Summary of Surveillance Findings and Investigative Case Reports" Publication No. 2000-116. Falls have passed workplace homicide to become the second leading cause of death after motor vehicle crashes. Last year 717 workers died of injuries caused by falls from ladders, scaffolds, buildings or other elevations. The NIOSH report provides a practical resource for assessing individual workplace, identifying risk factors for falls and developing effective preventive measures.

The second report "Hazard Review: Health Effects of Occupational Exposures to Asphalt", Publication No.2001-110 reviews current scientific data on health effects related to occupational exposures to asphalt, describes further research needs in this area and suggests measures to minimize worker exposures. Copies of the report area available from NIOSH at (800) 356-4674; <http://www.cdc.gov/niosh>

### **BCSP Salary Review**

You can order a 190-page report containing 170 categories used to benchmark salaries for individuals, positions and pay schedules in the safety profession. The report encompasses a study of over 4,000 CSPs and 900 ASPs. The information in

this report is useful in many ways. An individual practitioner can compare his/her salary to various pay distributions and averages as a means to determine comparability to a larger population of safety professionals with similar backgrounds and characteristics. Human Resource staff members or safety department managers can use the data to establish comparability of current pay schedules based on national group and subgroup results. *The 1998 Salary Survey Report (published in 1999) costs \$30 for CSPs and ASPs (\$250 for all others).* See <http://www.bcsp.org/contact.html>.

## **ARMY ITEMS OF INTEREST - None**

### **JUST THE FACTS**

#### **Whitman Brings New Direction to EPA**

Christine Todd Whitman is President Bush's choice to head the EPA Administration. She was New Jersey's Governor, which gives her the political ability, experience and skills to strike a balance between conflicting interest groups. Reaction to Whitman's appointment has been mixed.

#### **FDA and Needles**

The FDA has been requested by the Public Citizen Consumer group and a health care workers union to ban the use of traditional needles and require the use of needle less devices designed to prevent accidental needle sticks. The OSHA bloodborne standard will soon require employers to evaluate and implement safer medical devices.

#### **Hospital Examines MSDs Injuries**

James A. Haley Veterans' Hospital in Tampa, Fla. is examining the types of tasks that contribute the most to musculoskeletal injuries among the nursing staff. According to 1998 U.S. Bureau of Labor Statistics figures, nurses are more likely to have neck, back and muscle injuries than workers in any other occupation, accounting for more than 10 percent of the total for all occupations combined. The majority of MSDs involve moving or lifting patients who are not able to move themselves.

#### **Viral Hepatitis B Facts, Health Professionals at Risk**

##### **Clinical Features**

- Jaundice, fatigue, abdominal pain, loss of appetite, intermittent nausea, vomiting

##### **Etiological Agent**

- Hepatitis B virus

**Incidence**

- 140,000-320,000 infections/yr in United States
- 70,000-160,000 symptomatic infections/yr

**Sequelae**

- Of symptomatic infections, 8400-19,000 hospitalizations/yr and 140-320 (0.2%) deaths/yr;
- Of all infections, 8,000-32,000 (6%-10%) chronic infections/yr, and 5,000-6,000 deaths/yr from chronic liver disease including primary liver cancer

**Prevalence**

- Estimated 1-1.25 million chronically infected Americans

**Cost**

- Estimated \$700 million /yr (medical and work loss, in 1991 dollars)

**Transmission**

- Bloodborne
- Sexual
- Perinatal

**Risk Groups**

- Injection drug users
- Sexually active heterosexuals
- Men who have sex with men
- Infants/children of immigrants from disease-endemic areas
- Low socioeconomic level
- Sexual/household contacts of infected persons
- Infants born to infected mothers
- Health care workers
- Hemodialysis patients

**Surveillance**

- National Notifiable Diseases Surveillance System
- Viral Hepatitis Surveillance Program
- Sentinel Counties Studies

**Trends**

Incidence increased through 1985 and then declined 55% through 1993 because of wider use of vaccine among adults, modification of high-risk practices, and possibly a decrease in the number of susceptible persons. Since 1993, increases were observed among the three major risk groups: sexually active heterosexuals, homosexual men, and injection drug users.

## **Prevention**

- Hepatitis B vaccine available since 1982
- Screening pregnant women and treatment of infants born to infected women
- Routine vaccination of 0-18 year olds
- Catch-up vaccination of high-risk groups of all ages
- Screening of blood/organ/tissue donors

## **EPA Emergency Planning & Community Right**

EPA has issued a new rule under the Emergency Planning and Community Right to Know Act to reduce the Toxics Release Inventory reporting threshold for lead and lead compounds. Effective January 2001, all facilities that manufacture or process more than 100 pounds of lead or lead compound annually must report their air, water and land lead release of lead. Copies of the rule are available on the Toxic Release Inventory homepage, <http://www.epa.gov/tri>

## **Get Compliance Assistance Online**

The EPA and others have jointly developed the National Compliance Assistance Clearinghouse to provide regulated industries with essential information to meet environmental requirements. The web site <http://www.epa.gov/clearinghouse> provides a national repository of compliance assistance materials.

## **ADMINISTRATIVE INFORMATION**

This document was prepared for the U.S. Army Center for Health Promotion and Preventive Medicine (USACHP) PM), Directorate of Occupational Health Sciences. The POC at the USACHPPM is Mrs. Sandra Monk; Program Manager; Industrial Hygiene Management Program; DSN: 584-2439; COM: 410. 436.2439; e-mail: [Sandra.Monk@apg.amedd.army.mil](mailto:Sandra.Monk@apg.amedd.army.mil).

This document summarizes information and regulatory actions that are relevant for Army Industrial Hygiene Program personnel. We distribute this summary in electronic form only. Please make it available to your staff if they do not have direct access to an electronic copy. A copy is posted on the Army IH Program Home Page (<http://chppm-www.apgea.army.mil/Armyih>). If you would like to be added to the electronic mailing list or if your e-mail address changes, please contact Tammy Budkey, e-mail: [tammy.budkey@apg.amedd.army.mil](mailto:tammy.budkey@apg.amedd.army.mil); or call her at DSN: 584-2439; COM: 410.436.2439; fax: 410.436.8795.

At a minimum; we review the following publications in preparing this summary: [AIHA Journal](#); the [Synergist](#); [Today](#) (ACGIH's Newsletter); The OSHA Week; the [Federal Register](#); BNA OSHA Reporter; [Applied Occupational and Environmental Hygiene](#); The [Journal of Occupational and Environmental Medicine](#); The [Professional Safety](#); Safety and Health, [Occupational Hazards](#); [Occupational Health and Safety](#); and [Industrial Safety and Hygiene News](#). We also gather information from a variety of sources on the Internet using the Army IH Program Home Page as our gateway. (<http://chppm-www.apgea.army.mil/Armyih/>).

If you have questions or comments, please contact Jim Evenden at [jevenden@lmi.org](mailto:jevenden@lmi.org); 410.638.2081/2086 (voice) or 2093 (fax).